

FILED AUG 26 1950

STANDARD CERTIFICATE OF DEATH

State File No. 27106
3378

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 50 YRS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 3838		d. STREET ADDRESS (If rural, give location) 5 WEST 57th TERRACE
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 WEST 57th TERRACE			d. STREET ADDRESS (If rural, give location) 5 WEST 57th TERRACE		

3. NAME OF DECEASED (Type or Print) a. (First) FRANKLIN b. (Middle) HOWENSTEIN c. (Last) SCHOOLCRAFT			4. DATE OF DEATH (Month) (Day) (Year) AUGUST 5 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 29, 1878	9. AGE (In years last birthday) 72	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ACCOUNTANT - LONGBELL LBR. Co.		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) PARKERSBURG, IOWA	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME DANIEL W. SCHOOLCRAFT		13b. MOTHER'S MAIDEN NAME AUGUSTA HOWENSTEIN		14. NAME OF HUSBAND OR WIFE EDITH C. SCHOOLCRAFT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 487-07-6112	17. INFORMANT'S SIGNATURE OR NAME Mrs. EDITH C. SCHOOLCRAFT ADDRESS 5 WEST 57th TERRACE KANSAS CITY MO.			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion	DUPLICATE			
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES			
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
	DUE TO (b) _____			
	DUE TO (c) _____			
	II. OTHER SIGNIFICANT CONDITIONS			
	Conditions contributing to the death but not related to the disease or condition causing death. Arterial Sclerosis			4201

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		

22. I hereby certify that I attended the deceased from Aug 4, 1950, to Aug 4, 1950, that I last saw the deceased alive on Aug 4, 1950, and that death occurred at 3 4 m., from the causes and on the date stated above.

23a. SIGNATURE C. D. Cantrell M.D. (Degree or title)		23b. ADDRESS 636 W. 4th St		23c. DATE SIGNED Aug 5 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE AUG-7-1950	24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		

DATE REC'D BY LOCAL REG. 8-8-50	REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed..... *Bernard L. Horan*

Licensed Embalmer No. *4250*

P. O. Address: *H. C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.